

## 2013 DRAFTING REQUEST

### Assembly Amendment (AA-AB40)

Received: 6/4/2013 Received By: pkahler  
Wanted: Today Same as LRB:  
For: Legislative Fiscal Bureau By/Representing: Peck  
May Contact: Drafter: pkahler  
Subject: Public Assistance - misc Addl. Drafters:  
Extra Copies:

Submit via email: YES  
Requester's email: Legislative Fiscal Bureau  
Carbon copy (CC) to: Fern.Knepp@legis.wisconsin.gov

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#### Pre Topic:

LFB:.....Peck, Changes the method for paying multicounty consortia for income maintenance administration -

---

#### Topic:

Allocations to income maintenance consortia

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#### Instructions:

See attached

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#### Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 6/5/2013	kfollett 6/5/2013	rschluet 6/5/2013	_____			
/1	pkahler 6/5/2013			_____	mbarman 6/5/2013		
/2	pkahler 6/5/2013	kfollett 6/5/2013	jfrantze 6/5/2013	_____	mbarman 6/5/2013		
/3	pkahler	kfollett	jfrantze	_____	sbasford		

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	6/7/2013	6/5/2013	6/6/2013	_____	6/6/2013		
/4		kfollett 6/7/2013	jmurphy 6/7/2013	_____ _____	sbasford 6/7/2013		

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gm  
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self

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135F  
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Jb  
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FE Sent For:

**<END>**

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**Instructions:**

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/1		12/5f 6/5	6/5	_____	mbarman 6/5/2013		

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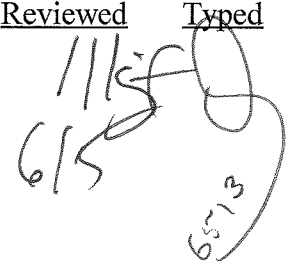
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Allocations to income maintenance consortia

### **Instructions:**

See attached

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/?	pkahler 6/5/2013			==			

FE Sent For:

<END>



11. *Disproportionate Share Hospital Payments.* Increase MA benefits funding by \$36,792,000 (\$15,000,000 GPR and \$21,792,000 FED) in 2013-14 and \$36,728,700 (\$15,000,000 GPR and \$21,728,700 FED) in 2014-15 to fund disproportionate share hospital (DSH) payments. Provide this funding as one-time funding in the 2013-15 biennium. In session law provisions, require DHS to distribute the DSH funding as follows.

First, specify that a hospital may qualify for a DSH payment if it meets the following criteria: (a) it is located in Wisconsin; (b) it provides a wide array of services, including an emergency department; (c) it had MA inpatient days of at least 6% of total inpatient days during the most recent year for which such information is available; and (d) it meets all applicable minimum requirements under federal law relating to eligibility for DSH payments.

Second, require DHS to distribute the DSH funding as follows: (a) distribute the total amount of DSH funding through an MA inpatient fee-for-service base rate add-on that would be adjusted by a "slope factor" of 0.75 that increases a hospital's overall fee-for-service add-on percentage as the hospital's percentage of MA inpatient days increases; (b) specify that the base rate add-on percentage shall be established at a level that ensures that the total amount of available DSH funding is distributed annually; and (c) limit the maximum DSH payment so that no individual hospital could receive more than \$2,500,000 (all funds) annually.

Require DHS to seek the necessary federal approval for the DSH payment methodology described above, and to implement the methodology if such approval is received. In addition, in the event DHS negotiates a DSH payment methodology that differs from that described above, require DHS to submit the terms of that methodology to the Joint Committee on Finance for approval under a 14-day passive review process before DHS can implement that payment methodology.

12. *Income Maintenance -- Allocations to Income Maintenance Consortia.* Delete item 8 that was adopted in Motion 360, which would have: (a) modified the method the DHS uses to allocate base funding to income maintenance consortia by specifying that, beginning in calendar year 2014, each consortium would receive an allocation of "base funding" that is no less than 75% of the total GPR allocations counties in the consortium received in calendar year 2011; (b) Defined "base funding" as the GPR funding DHS distributed to the income maintenance consortia in calendar year 2012, so that any additional funding provided for the consortia's income maintenance activities that exceeds the base funding amount would be distributed to the consortia based on each consortium's caseload; and (c) increased funding DHS allocates to consortia by \$139,200 GPR and \$139,200 FED in 2013-14 and by \$278,500 GPR and \$278,500 FED in 2014-15 to reflect the estimated cost of this partial hold harmless provision, based on the calendar 2013 allocations to the IM consortia.

Repeal a current law provisions that require DHS to allocate funding to multi-county consortium on a risk-adjusted caseload basis. Instead, require DHS to allocate funding to income maintenance consortia using a method determined by the Department that includes caseload and acuity factors.

13. *Sheboygan Tuberculosis Response Funding.* Provide, on a one-time basis, \$3,271,800 (\$2,508,900 GPR and \$762,900 FED) in 2013-14 and \$2,791,600 (\$2,159,000 GPR and \$632,600



State of Wisconsin  
2013 - 2014 LEGISLATURE



LRBb0312/7

PJK:...

*Handwritten signature*

*changes are made → multi*

LFB:.....Peck, Changes the method for paying county consortia for income maintenance administration are - Allocations to income maintenance consortia

**FOR 2013-2015 BUDGET — NOT READY FOR INTRODUCTION  
ASSEMBLY AMENDMENT ,  
TO ASSEMBLY BILL 40**

*(w/6-5)*

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 602, line 2: after that line insert:

3 **"SECTION 1211d.** 49.78 (2) (b) 3. of the statutes is amended to read:

4 49.78 (2) (b) 3. That, beginning with contracts for 2014, the department will

5 reimburse a multicounty consortium for services provided under the contract ~~on a~~

6 ~~risk-adjusted case load basis~~ using a method determined by the department that

7 includes caseload and acuity factors *stb closed quote*

*no (B)*

**History:** 1995 a. 27 ss. 2041 to 2049, 2933 to 2936, 3084 to 3087, 3130; 1995 a. 289, 417; 1997 a. 27; 2001 a. 16; 2003 a. 33 ss. 1308, 1448, 9160; Stats. 2003 s. 49.78; 2005 a. 25; 2007 a. 20; 2009 a. 15, 28; 2011 a. 32.

## Kahler, Pam

---

**From:** Peck, Eric  
**Sent:** Wednesday, June 05, 2013 1:03 PM  
**To:** Kahler, Pam  
**Cc:** Morgan, Charlie  
**Subject:** RE: LRBb0312

I can see what you're saying: it's more the complexity of the IM-related work than the acuity of the patient's health status that is the relevant factor.

Charlie was the LFB person who worked on this, so I am copying him on this email, and I'll defer to him about the correct term.

Thanks for checking.

*per Charlie by phone, "Case complexity"  
OK to change*

---

**From:** Kahler, Pam  
**Sent:** Wednesday, June 05, 2013 12:50 PM  
**To:** Peck, Eric  
**Subject:** RE: LRBb0312

I don't think the word works very well considering the programs that are IM programs, do you? Do you want to substitute something like "case complexity" or something else, or just leave it?

---

**From:** Peck, Eric  
**Sent:** Wednesday, June 05, 2013 12:45 PM  
**To:** Kahler, Pam  
**Subject:** RE: LRBb0312

Pam: That's a good question. I think the term is used to denote the severity of a patient's condition/treatment requirements. At least that's how I've always heard it used in this context.  
I went to an online definition of medical terms, and I found this:

### **acuity** [ah-ku'-te]

1. Acuteness (see ACUTE [def. 2]); the level of severity of an illness. This is one of the parameters considered in patient classification systems that are designed to serve as guidelines for allocation of nursing staff, to justify staffing decisions, and to aid in long-range projection of staffing and budget.

2. clearness of the visual perception of an image.

**visual acuity** the ability to discriminate visually between forms.

---

**From:** Kahler, Pam  
**Sent:** Wednesday, June 05, 2013 11:45 AM  
**To:** Peck, Eric  
**Subject:** LRBb0312

Hi, Eric:

You may not have drafted the motion language for this amendment (no. 12 in motion #584), but I was wondering about the meaning of the word "acuity" in this context. I used it in the amendment, but I don't really know what it could be referring to. Thanks.

Pam

*Pamela J. Kahler*  
*Legislative Attorney*  
*Legislative Reference Bureau*  
608-266-2682



State of Wisconsin  
2013 - 2014 LEGISLATURE



LRBb0312/4  
PJK:kjf:rs

*rm is run*

LFB:.....Peck, Changes the method for paying multicounty consortia for income maintenance administration – Allocations to income maintenance consortia

**FOR 2013-2015 BUDGET -- NOT READY FOR INTRODUCTION**  
**ASSEMBLY AMENDMENT ,**  
**TO ASSEMBLY BILL 40**

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5 reimburse a multicounty consortium for services provided under the contract ~~on a~~  
6 ~~risk-adjusted case load basis~~ using a method determined by the department that  
7 includes caseload and <sup>2</sup>acuity factors.”

8 (END)

*case complexity*

## Kahler, Pam

---

**From:** Morgan, Charlie  
**Sent:** Wednesday, June 05, 2013 2:11 PM  
**To:** Kahler, Pam (Pam.Kahler@legis.wisconsin.gov)  
**Subject:** FW: LRB Draft: 13b0312/2 Allocations to income maintenance consortia

Hi, Pam --

Can we use the word "caseload" rather than "case load?"

Better yet, , maybe we could clarify this by saying something like "based on the number of cases for which each consortium is responsible, and the complexity of these cases"?

Thanks for your consideration.

Charles Morgan, Program Supervisor  
Wisconsin Legislative Fiscal Bureau  
1 East Main Street, Suite 301  
Madison, WI 53703

Telephone: (608) 266-3847  
FAX: (608) 267-6873  
Email: [Charlie.Morgan@legis.wisconsin.gov](mailto:Charlie.Morgan@legis.wisconsin.gov)

---

**From:** Frantzen, Jean  
**Sent:** Wednesday, June 05, 2013 2:02 PM  
**To:** Peck, Eric  
**Cc:** Morgan, Charlie; Hanaman, Cathlene; Holten, Vicki  
**Subject:** LRB Draft: 13b0312/2 Allocations to income maintenance consortia

*Following is the PDF version of draft 13b0312/2.*



13b0312\_2.pdf



State of Wisconsin  
2013 - 2014 LEGISLATURE



LRBb0312/3

PJK:kjf:jf

rm is run

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6 risk-adjusted case load basis using a method determined by the department that

7 includes case load and case complexity factors."

8 (END)

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is responsible and the complexity of those cases



State of Wisconsin  
2013 - 2014 LEGISLATURE



LRBb0312/9  
PJK:kjf:ff

*r m is new*

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8 of those cases.”.

9 (END)





State of Wisconsin  
2013 - 2014 LEGISLATURE



LRBb0312/4  
PJK:kjf:jm

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